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CERTIFICATE OF MAILING

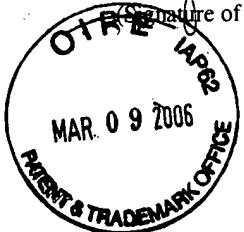
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on 6 March 2006

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SUN04-0191

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Robert J. Drost et al.

Serial No. 10/820,662

Filing Date: 7 April 2004

Title: METHOD AND APPARATUS FOR USING
CAPACITOR ARRAY TO MEASURE
ALIGNMENT BETWEEN SYSTEM
COMPONENTS

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Examiner: Shankle, Alexander
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Group Art Unit: 2891
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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed 3 January 2006.
- A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
 - 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and ___ references.
- No additional claims fees are required.

An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

A check in the amount of \$____ is enclosed.
 Charge \$____ to Deposit Account No. ____ (Docket No. ____).
 Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN04-0191).

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Respectfully submitted,

By 
Edward J. Grundler
Registration No. 47,615

Date: 6 March 2006



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Application Number : 10/820,662 Confirmation Number: 8022

Applicant : Robert J. Drost et al.

Filed : 7 April 2004

TC/A.U. : 2891

Examiner : Shankle, Alexander

Docket Number : SUN04-0191

Customer No. : 22,835

M/S: Box Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **3 January 2006**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.